

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 30 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *H15374*

1. Corporation Name

AUTOPAWN INC.

2. Principal Office Address

1896 KENTUCKY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1896 KENTUCKY AVE

Suite, Apt. #, etc.

City & State

WINTER PARK

City & State

WINTER PARK

Zip

32789

Country

ORG.

Zip

32789

Country

ORG.

4. Date Incorporated or Qualified
To Do Business in Florida

1984

5. FEI Number

592466764

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN H. KING

Street Address (P.O. Box Number is Not Acceptable)

400 W. MORSE BLVD - SUITE 101

Suite, Apt. #, Etc.

SUITE 101

City

WINTER PARK

State

FL

Zip Code

32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date *12-23-03*

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P</i>	<i>ROBERT E. RADER</i>	<i>2400 SHOREHAM RD</i>	<i>ORLANDO, FL 32803</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-03 407-647-1960

Date

Daytime Phone #

CR2E061 (10/02)

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Department of State,
Autopawn, Inc. did not receive its annual report form for the year 2002.

Enclosed is \$150.00 for each of the two years due to reinstate.

If there are any questions or the amount is incorrect please let me know.

Sincerely,



Robert E. Rader

President

Autopawn, Inc.

1896 Kentucky Ave.

Winter Park, FL 32789

407-647-1960

\$300.00 ENCLOSED